10/23/2008 15:27

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Otne	er inan An	Autnorize	ea Commi	ittee		Office L	Jse Only	
1.			MAILING LAI OR PRINT		xample:If typi ver the lines	ng, type				
Ш	American College of Cardiolog	gy Political	Action Comm	ttee						
Ш										
AD	DRESS (number and street)	2400 N	St NW							
	Check if different						1 1 1 1			
L	than previously reported. (ACC)	Washir	ngton				DC		20037	1153
2.	FEC IDENTIFICATION NUM	BER 🖫	·	CITY 🛋			STATE	4	ZIPCOD	E 🛕
	C00375360			3. IS THIS REPORT	Т	NEW (N) OI	R	AMENDED (A))	
4.	TYPE OF REPORT (Choose One)		onthly eport ue On:	Feb 20 (M2	2)	May 20 (M	15)	Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:			Mar 20 (M3	3)	Jun 20 (M	6)	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4	+)	Jul 20 (M7	') <u> </u>	Oct 20 (M10))	Jan 31 (YE)
	Quarterly Report(Q1	1) (c)	12-Day		Primary (1	2P)	X Ge	neral (12G)		Runoff (12R)
	July 15 Quarterly Report(Q2	2)	PRE-Election Report for the:					ooiel (19C)		, ,
	October 15 Quarterly Report(Q3	3)	Report for t	ne.	Convention	11 (120)	Sp	ecial (12G)		
	January 31 Quarterly Report(YE			Election on	11	0 4	2008		in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)		30-Day Post -Elec Report for t		General (3	80G)	Ru	noff (30R)		Special (30S)
	Termination Report (TER)		·	Election on					in the State of	
5.	Covering Period 1 0	0	200	8	through	1 () 15	2008	3	
l ce	ertify that I have examined this R			ny knowledge	and belief it	is true, corre	ect and com	plete.		
Тур	e or Print Name of Treasurer	Richa	rd Goldberg							
Sig	nature of Treasurer Ele <u>ctron</u>	nically Filed	by Richard	Goldberg			Date	10 2	3	2008
NO	TE : Submission of false, erron	eous, or in	complete infor	mation may s	ubject the pe	erson signing	this Repor	to the penaltie	s of 2 U.S	S.C 437g.
	Office Use							I	C FORI	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F		1 0 0 1 2 0 0 8	To: 10 15 2008
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1 Ž008 Y Y		268897.92
	(b) Cash on Hand at Begining of Reporting Period	210749.38	
	(c) Total Receipts (from Line 19)	8438.23	322865.26
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	219187.61	591763.18
7.	Total Disbursements (from Line 31)	69085.28	441660.85
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	150102.33	150102.33
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

0 1 1^D5 м м 1 0 м м 1 0 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 252821.58 5709.33 (i) Itemized (use Schedule A) 1350.00 62261.66 (ii) Unitemized (iii) TOTAL (add 7059.33 315083.24 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 7059.33 315083.24 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1378.90 5282.02 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 2500.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 8438.23 322865.26 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 8438.23 322865.26 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

(i) Federal Share.....

(ii) Non-Federal Share.....

Expenditures.....

Committees.....

Federal Candidates/Committees.....and Other Political Committees.....

26. Loan Repayments Made.....

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

Than Political Committees

(such as PACs)

(add Lines 28(a), (b), and (c))

(add 21(a)(i), (a)(ii) and (b))............

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 0.00 0.00 875.78 5851.35 875.78 5851.35 0.00 0.00 68209.50 433209.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 2600.00 0.00 0.00 0.00 0.00 0.00 2600.00 0.00 0.00

30.	Federal I	Election /	Activity (2	2 U.S.C	431(20))
-----	-----------	------------	-------------	---------	----------

29. Other Disbursements.....

- (a) Shared Federal Election Activity (from Schedule H6)
- (i) Federal Share
- (ii) "Levin" Share (b) Federal Election Activity Paid Entirely
- With Federal Funds (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

69085.28

69085.28

441660.85

441660.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contribution Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other t from Line 11(d), page 3)	· · · · · · · · · · · · · · · · · · ·	7059.33	315083.24
34. Total Contribution Refunds (from Line 28(d))		0.00	2600.00
85. Net Contributions (other that (subtract Line 34 from Line)		7059.33	312483.24
36. Total Federal Operating Ex (add Line 21(a)(i) and Line	·	875.78	5851.35
37. Offsets to Operating Exper (from Line 15, page 3)		1378.90	5282.02
 Net Operating Expenditures (subtract Line 37 from Line 		-503.12	569.33

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American College of Cardiology Pol	d Statements may not be sold or used by any persor the name and address of any political committee to s itical Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay H. Alexander Mailing Address 2256 Carlyle Court City Buffalo Grove FEC ID number of contributing federal political committee. Name of Employer North Shore Cardiologists, SC Receipt For: Primary General Other (specify)	State Zip Code IL 60015-1857 C Occupation ADULT CARDIOLOGY Aggregate Year-to-Date 4400.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alan S. Brown Mailing Address 1912 Alta Vista Cou 801 S Washington S City Naperville FEC ID number of contributing federal political committee. Name of Employer Midwest Heart Specialists Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John T. Cardone Mailing Address 19 Woodland Street City Hartford FEC ID number of contributing federal political committee. Name of Employer Central Connecticut Cardiologists, LLC Receipt For: Primary General Other (specify)	Suite 35 State Zip Code CT 06105-2335 C Occupation ADULT CARDIOLOGY Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) >	600.00

Fort Wayne Cardiology Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Richard A. Chazal Mailing Address 671 North Town and River Dri City Fort Myers FEC ID number of contributing federal political committee. Name of Employer The Heart Group Receipt For: Primary General Other (specify) Aggr	te Zip Code 46805-4705 pation LT CARDIOLOGY egate Year-to-Date ▼ 900.00	Date of Receipt Date of Receipt Transaction ID: 45ceaa022a0d8d24054b Amount of Each Receipt this Period Date of Receipt 100.00 Date of Receipt 100.00 Transaction ID: b94a7a35a42146daad36
Hollace D. Chastain Mailing Address 1819 Breamar Drive City Star Fort Wayne IN FEC ID number of contributing federal political committee. Name of Employer Fort Wayne Cardiology Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard A. Chazal Mailing Address 671 North Town and River Drive City Star Fort Myers FL FEC ID number of contributing federal political committee. Name of Employer The Heart Group Receipt For: Primary General Other (specify) ▼ Aggr Aggr Aggr Primary General Other (specify) ▼	pation LT CARDIOLOGY egate Year-to-Date ▼ 900.00 ve	Transaction ID: 45ceaa022a0d8d24054b Amount of Each Receipt this Period 100.00 Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Richard A. Chazal Mailing Address 671 North Town and River Dri City State Fort Myers FEC ID number of contributing federal political committee. Name of Employer The Heart Group Receipt For: Primary General Other (specify)	ve te Zip Code	M M / D D / Y Y Y Y Y 1 Y 1 1 1 2 0 0 8
FEC ID number of contributing federal political committee. Name of Employer The Heart Group Receipt For: Primary General Other (specify)	33000 3630	Assessment of Foods Descriptable Desired
	a3908-3630 pation LT CARDIOLOGY egate Year-to-Date ▼ 252.00	Amount of Each Receipt this Period 84.00
Full Name (Last, First, Middle Initial) Andrea E. Deneen Mailing Address 130 Abbott Lane City Sta Madisonville KY FEC ID number of contributing federal political committee		Date of Receipt M M J D D J Z O 0 8 Transaction ID: 57c09ce9446d4cfaa5af Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed ADU	pation LT CARDIOLOGY egate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		1184.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Cardiology Politi	e name and ad	ddress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) William F. Dresen Mailing Address 55 Southeast 90th Str	root		Date of Receipt
	Mailing Address 55 Southeast 90th Str City Ocala	State	Zip Code 34480-5756	Transaction ID: 4ea11da30e194724912 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	1	on CARDIOLOGY e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) James W. Fasules Mailing Address 6 Cascades Drive			Date of Receipt 1 0 0 1 2 0 0 8
	1900 Maryland City Little Rock	State AR	Zip Code 72202	Transaction ID: 44b198acd10d9500aca Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Arkansas Children's HospitalPediatric Receipt For: ☐ Primary ☐ General Other (specify) ▼	_, -	on RIC CARD. e Year-to-Date ▼	
_ C.	Full Name (Last, First, Middle Initial) David A. Lin			Date of Receipt
	Mailing Address 4911 East Daley Lane			10 03 2008
	City Phoenix	State AZ	Zip Code 85032-2136	Transaction ID: 75bb0cdf229e48ad9410 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cardiovascular Consultant- s, Ltd	- ·	AL CARDIOLOGY/GENERA	L CARDIOLOGY
	Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			1042.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 22 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American College of Cardiology Politic	al Action Co	ommittee	
Full Name (Last, First, Middle Initial) Gerard R. Martin			Date of Receipt
Mailing Address 202 Primrose Street			10 01 2008
City	State	Zip Code	Transaction ID: 7fa91c696acf4509af
Chevy Chase	MD	20010-2916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Center for Heart, Lung &	Occupation	n RIC CARD.	
Kidney Diseas Receipt For:		Year-to-Date V	+
Primary General Other (specify) ▼	1.551.09410	250.00	
Full Name (Last, First, Middle Initial) Michael J. Mirro			Date of Receipt
Mailing Address 2005 Prestwick Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 409badb0e1fb0a045
Fort Wayne	IN	46805-4705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Fort Wayne Cardiology	Occupation ADULT C	n CARDIOLOGY	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) R. Scott Morris			Date of Receipt
Mailing Address 83 Bullock			10 01 2008
City	State	Zip Code	Transaction ID: a850f7ef576541f080
Slingerlands	NY	12180-2453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Capital Cardiology Associ- ates	Occupation ADULT C	n CARDIOLOGY	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			600.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 22 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American College of Cardiology Polit	e name and ad	Idress of any political committee to	on for the purpose of soliciting contributions
Α.	Full Name (Last, First, Middle Initial) Rick A. Nishimura			Date of Receipt
Д.	Mailing Address 2607 Tuxedo Lane, N	orthwest		10 11 2008
	City Rochester	State MN	Zip Code 55905-0001	Transaction ID: 5b494d8f34254c2bb6df Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mayo ClinicDivision of Ca- rdiovascular	Occupation ADULT	on CARDIOLOGY	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Robert C. Prentice Mailing Address 13343 Edinburgh Driv	Date of Receipt		
	City	1 0 1 5 2 0 0 8 Transaction ID: 98e1c37464a84d5eb4ad		
	Palos Heights	State IL	Zip Code 60463-2749	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation ADULT	on CARDIOLOGY	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
C.	Full Name (Last, First, Middle Initial) James E. Sear			Date of Receipt
	Mailing Address 14041 Grandview			10 03 7 2008
	City Overland Park	State KS	Zip Code 66221-2026	Transaction ID: 322b10ece4bb453dbd15 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00221 2020	250.00
	Name of Employer Self-Employed	Occupation ADULT	on CARDIOLOGY	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			850.00
	TOTAL This Period (last page this line numbe	r only)		

NAME OF COMMITTEE (In Full)	<u> </u>	Date of Receipt Date of Receipt 1 0 0 3
A. William P. Tinker Mailing Address 2101 Mars C City Bartlesville FEC ID number of contributing federal political committee.	Occupation	Transaction ID: 755e879afa4143159c9e Amount of Each Receipt this Period
Bartlesville FEC ID number of contributing federal political committee.	OK 74006-2441 C Occupation	Amount of Each Receipt this Period
Name of Employer	'	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Inition Charles W. Wickliffe Mailing Address 275 Collier R	<u></u>	Date of Receipt 1 0 0 8 2 0 0 8
City Atlanta FEC ID number of contributing federal political committee.	State Zip Code GA 30309-1711 C	Transaction ID: 4047410678c6402687cb Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial John H. Windsor Mailing Address 745 Augsbor	<u> </u>	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bismarck FEC ID number of contributing	State Zip Code ND 58501-4516	Transaction ID: 2c968fd697a288c1914 Amount of Each Receipt this Period
federal political committee. Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY	100.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page	optional)	1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 12/22			
		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may he name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American College of Cardiology Poli	itical Action Co	ommittee				
Full Name (Last, First, Middle Initial) Michael J. Wolk Mailing Address 876 Park Avenue			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 4bc19b8cf162092a0180			
New York FEC ID number of contributing federal political committee.	C	10021-8722	Amount of Each Receipt this Period 83.33			
Name of Employer New York Cardiology Assoc- iates	Occupatio ADULT (n CARDIOLOGY	1			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.64				

SUBTOTAL of Receipts This Page (optional)	•	83.33
TOTAL This Period (last page this line number only)	•	5709.33

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate for each cate Detailed Sum	gory of the (FOR LINE NUMBER: PAGE 13 / 22 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) American College of Cardiology Politic	al Action Co	ommittee		
A.	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account Mailing Address P.O. Box 85024				Date of Receipt
	City	State	Zip Code		1 0 1 5 2 0 0 8 Transaction ID: 6839ee94e47ffb9aa8d
	Richmond FEC ID number of contributing federal political committee.	C	23285-502	4	Amount of Each Receipt this Period 1378.90
	Name of Employer	Occupation	n		Reimburse for Sep. Amex and Oct. Merchant Fees
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	5282.02	

SUBTOTAL of Receipts This Page (optional)	>	1378.90
TOTAL This Period (last page this line number only)	•	1378.90

Detailed Carrinary 1 age 1 1	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE		PAGE 14/22							
NAME OF COMMITTEE (in Full) American College of Cardiology Political Action Committee Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City State 2ip Code TN 37920 Purpose of Disbursement October Merchant Fees Cardidate Name Office Sought: House Services Mailing Address PO Box 6600 City Siate Zip Code Trins (Specify) ▼ Transaction ID: Ma06e4b127b77524 Date of Disbursement time Period TN 37920 Amount of Each Disbursement time Period Total Category' Type Office Sought: House Services Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address PO Box 6600 City Siate Zip Code Mailing Address Po Box 6600 City Siate Disbursement Code Merchant Fees Candidate Name Office Sought: House Disbursement For: Senate Primary General Primary General District: Full Name (Last, First, Middle Initial) Machovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City State Zip Code TN 37920 Transaction ID: Ma06e4b127b77524 Amount of Each Disbursement Disbursement Transaction ID: Mac0abbc2b363386 Date of Disbursement Tra		Detailed Summary Page	X 21b 27	22 23 28a 28b	28c 29 3							
American College of Cardiology Political Action Committee Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville TN 37920 Purpose of Disbursement October Merchant Fees Candidate Name City State: District: Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City House President State: Disbursement October Merchant Fees Condidate Name Candidate Name City State: Disbursement October Merchant Fees Condidate Name Condida												
Mailing Address 7300 Chapman Hwy City State Zip Code TN 37920 Purpose of Disbursement October Marchant Fees Candidate Name Office Sought: House Primary General Disbursement District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: Disbursement October Marchant Services Mailing Address PO Box 6600 City Senate Primary General Prima	NAME OF COMMITTEE (In Full)	, ,										
Adailing Address 7300 Chapman Hwy City Knoxville State Zip Code TN 37920 Purpose of Disbursement October Merchant Fees Candidate Name Office Sought:												
State Disbursement Disburseme	Mailing Address 7300 Chapman Hwy			10 0 2	2008							
Candidate Name Office Sought:				Amount of Each D	isbursement this Period							
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City State Zip Code Hagerstown MD 21741 Purpose of Disbursement October Merchant Fees Candidate Name Office Sought: House Senate Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City State Zip Code Knoxville TN 37920 Purpose of Disbursement October Merchant Fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Na 20 abbc2b3633f8-Date of Disbursement this Period Na 20 abbc2b3633f8-Date of Disbursement Na 20 abbc2b3633f8-Date of Disb	October Merchant Fees		001		15.00							
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City State Zip Code Hagerstown MD 21741 Purpose of Disbursement October Merchant Fees Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ City Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ City Ragional Amount of Each Disbursement Initial National Disbursement For: Senate Primary General Other (specify) ▼ City Ragional												
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